



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 1-1-09 to 12-31-09

1. Committee I.D. Number <u>137569</u>	4. Candidate Last Name <u>White</u> First Name <u>Brian</u> M.I. <u>M.</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>WCS Board of Education</u> 4b. County of Residence <u>macomb</u>
2. Committee Name <u>CTE Brian White</u>	6. Treasurer's Name & Residential Address <u>Brian White</u> <u>2187 Koper Dr.</u> <u>Sterling Heights, MI 48310</u> Area Code & Phone <u>586-795-8540</u>
5. Committee's Mailing Address <u>2187 Koper Dr.</u> <u>Sterling Heights, MI 48310</u> Area Code and Phone <u>586-795-8540</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	7. Treasurer's Business Address <u>Same</u> Area Code and Phone _____
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>Same</u> 9c. <input checked="" type="checkbox"/> Annual Statement (<u>2009</u> Coverage Year) 9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

FILED
 10 MAR -4 AM 9:50
 CARMELLA SABALUGH
 MACOMB COUNTY CLERK
 MT. CLEMENS, MICHIGAN

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	<u>Brian White</u>	<u>[Signature]</u>	Date	<u>2-20-10</u>
	Type or Print Name	Signature		
Candidate	<u>Brian White</u>	<u>[Signature]</u>	Date	<u>2-20-10</u>
	Type or Print Name	Signature		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569
2. Committee Name CTE Brian White

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Brian White 2187 Koper Dr. Sterling Heights, MI 48310	4. Type: <u>stamps, EW. Filing Fee, etc.</u> 5. <u>Date Debt Was Incurred:</u> <u>Jan-Feb. 2009</u> 6. <u>Original Amount of Debt:</u> <u>\$ 125.50</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>125.50</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.